**740** 

## KENTUCKY INDIVIDUAL INCOME TAX RETURN Full-Year Residents Only

42A740 For calendar year or

Departme	ent of Revenue	For calendar year other taxable year	or beginning	, 2004, and ending	, 200_		200	)4	
	A. Spouse's Social Se	curity Number	Δ	В.		B. You	r Social Securi	ty Number	
			≺ Spouse's	Yours	>				
	Name—Last, First, Middle II	nitial (Joint or combi	ned return, give bot	h names and init	ials.)				
>									
L	Mailing Address (Number and Street or P.O.		)			Apartm	ent Number		
A B									
E	City, Town or Post Office				State		ZIP Code		
L >						1 Г			
						-			
	FILING STATUS (see instructions)					POLITICAL PARTY FUND			
1 📮	Single				Designating .		ot change your	refund or tax B. Yourself	
2	Married, filing separately		eturn. (If both had ir	ncome.)	Democrati		A. Spouse (1)	(4)	I
4	Married, filing joint retur Married, filing separate r		e's Social Security	number above	Republicar		(2)	(5)	
	and full name here.		_		No Design	ation	(3)	(6)	
CREDITS	Ch	neck Regular Ch	eck both if 65 or ove	r Check both	if blind				
	edits for yourself:						nter number of		Т
	edits for spouse:					bo	oxes checked		_
	st names of your depender (b)			(d)			nter number of nildren listed		Т
	me and relationship of oth			(u)			nter number of o	other	芒
			7 16 1 1 611				ependents listed		$\perp$
return	otal number of credits claim (Filing Status 2), divide the nount from line 8 in Box B	amount on line 8 and	d enter in Boxes Ā a	nd B. All other f	ilers enter	8 Er	nter total credits		$\Box$
	axpayer must claim his or he					A.		В.	
ADJUSTEI	D GROSS INCOME	A	. Spouse (Use if F		checked.) Cents		<b>B.</b> Yourself Dollars		ents
	amount from federal Form 5; 1040A, line 21 or 1040EZ,				00			. 0	0
					00	++			
	ons from Schedule M, line			•	00	+†			0
11 Add lir	nes 9 and 10	11		•		+	<del>                                     </del>		_
	actions from Schedule M, li act line 12 from line 11. This			•	0 0	+	+ + + +	- 0	
Kentud	cky Adjusted Gross Income of Columns A and B is \$2	13			00				0
	w Income Credit in instruc								
TAXABLE	INCOME								
	ers: Enter itemized deduction ky Schedule A. Nonitemizer:								10
\$1,870	in Columns A and/or B act line 14 from line 13. This	14		-	0 0	-			0
	axable Income			<u> </u>	00	1 +		0	0
TAX									
	tax from <b>Tax Table or Com</b> if from <b>Schedule TC</b>	outation. 16		<b>↓</b>	00			. 0	0
	ex amount(s) in Columns A				17	T		. 0	0

Attach Form W-2, Wage and Tax Statement(s) and Payment Here—Staple to Top Page Only

TAX	Dollars	Cents								
18 Enter amount from line 17		.00								
19 Multiply line 18 by the low income tax credit decimal amount ( %) and enter here . 19		. 00								
20 Subtract line 19 from line 18		00								
22 Income Tax Liability. Subtract line 21 from line 20. If line 21 exceeds line 20, enter zero		. 0 0								
23 Enter KENTUCKY USE TAX from worksheet in the instructions ≥ 23		. 0 0								
24 Add lines 22 and 23. This is your <b>Total Tax Liability</b>		.00								
25 (a) Enter Kentucky income tax withheld as shown on attached 2004 Form W-2, Wage and Tax Statement(s)										
26 Add lines 25(a) and 25(b)		. 00								
27 If line 26 is larger than line 24, enter AMOUNT OVERPAID (see instructions)		. 00								
32 Add lines 28 through 31		.00								
33 Amount of line 27 to be CREDITED to your 2005 estimated tax ESTIMATED TAX 33		00								
		00								
34 Subtract lines 32 and 33 from line 27. Amount to be <b>REFUNDED TO YOU</b>										
TAX PAYMENT SUMMARY		. 00								
35 If line 24 is larger than line 26, enter <b>ADDITIONAL TAX DUE</b>	<b>*</b>   <b>*</b>	. 00								
36 (a) 2210-K penalty (c) Late payment penalty (d) Late filing penalty (e) Add lines 36(a) through 36(d). Enter here 36(e)  37 Add lines 35 and 36(e) and enter here. This is the AMOUNT YOU OWE 37  Make check payable to Kentucky State Treasurer.  Write your Social Security number and "KY Income Tax—2004" on the check. Staple check on top of attached wage and tax statements on page 1.		. 00								
Attach a complete copy of federal Form 1040 if you received	Vaa	Na								
farm, business, or rental income or loss.  If you are not required to attach a copy of your federal return,  Do you wish to receive a pack	Yes et next	No								
check here year? (check one)		2								
I, the undersigned, declare under penalties of perjury that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will result in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.										
<u>a</u>										
Your Signature (If joint or combined return, both must sign.)  Spouse's Signature  Date Signed										
Typed or Printed Name of Preparer Other than Taxpayer I.D. Number of Preparer Date Telephone Number (daytime)										
Mail to: REFUNDS Kentucky Department of Revenue, Frankfort, KY 40618-0006.	Official Use Only	/								
PAYMENTS Kentucky Department of Revenue, Frankfort, KY 40619-0008.	T CF NT P B F	R								